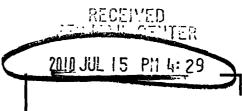


## STATEMENT OF



FORM 1 ORGANIZATION	Office the Coh.
NAME OF (Check if name committee (in full) (Check if name is changed)  Example: If typing, type over the lines.	Office Use Only
RESEARCH IN MOTION CORPORATIO	W. V.S.A.
ADDRESS (number and street REPUBLIC PLACE)	<del> </del>
Check if address U.7.76 II "EYE" STREET	Svite 900 NW
CITY CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	
COMMITTEE'S WEB PAGE ADDRESS (URL)	1
(Check if address is changed)	
2. DATE 0.7 /3 / 20,7 6	
3. FEC IDENTIFICATION NUMBER C. D. 04.33.011	>
4. IS THIS STATEMENT NEW (N) OR AMENDED A	
Type or Print Name of Treasurer  Light Robinson	
Signature of Treasurer  Signature of Treasurer	Date 07 15 2010
NOTE: Submission of false, erroneous, or incomplete information may subject the person signi	
Office Use Use Only 1716  For further informative Federal Election Common Toll Free 800-424-9530 Local 202-694-1100	mission FEC FORIVI

or the state of the s